



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH PROFESSIONAL LICENSING ADMINISTRATION

**APPLICATION INSTRUCTIONS AND FORMS
FOR A RECREATION THERAPY REGISTRATION
IN THE DISTRICT OF COLUMBIA**

Your interest in becoming registered as a Recreation Therapist in the District of Columbia is welcome. We look forward to providing expedient and professional service. However, the quality of our service is dependent on the completeness of your application. Please read the instructions carefully. All fees are earned when paid, and cannot be transferred or refunded except as specified in these instructions.

This package contains the forms to apply for a Recreation Therapist registration in the District of Columbia. Follow the instructions provided below and complete all sections. If you require more space for work experience or need to provide explanations for screening questions, attach typed responses to the form.

THE APPLICATION PROCESS

Upon submission of the required application documents, the District of Columbia Department of Health – Health Professional Licensing Administration Registration Program will review your application. Upon final approval you will be issued a registration to practice in the District of Columbia.

If you submit an application that is incomplete or otherwise deficient, HPLA's processing staff will notify you of the deficiencies. If the DOH/HPLA Registration Program has questions or concerns, you will also be notified.

WHERE TO FILE

All documents should be sent to the following address:

Department of Health
Health Professional Licensing Administration
Recreation Therapy Registration
717 14th Street, NW, Suite 600
Washington, DC 20005

If you have any questions, call HPLA's Customer Service line at 877-540-5828 between 8:00 a.m. and 5:00 p.m. EST Monday through Friday. Please read these instructions carefully to facilitate prompt processing of your application. Illegible applications and applications submitted without required signatures or with incorrect payment will be returned in their entirety, including payment. Please print or type all information except signatures.

Pending registration applications will become invalid after 90 days if the application has not been completed due to failure to submit required materials. Should the applicant wish to pursue registration after that time, he/she must submit and pay the required fee once again.

GENERAL REQUIREMENTS FOR ALL APPLICANTS

All applicants for a Recreation Therapy registration in the District of Columbia shall meet the following requirements:

1. Applicant must be at least 18 years of age; and
2. Applicant must not have been convicted of a crime or moral turpitude which bears directly on the applicant's fitness to be registered; and

All applicants must submit the following in order to be considered for registration:

3. A complete and signed application, including required supporting documents;
4. Please submit two (2) identical, recent passport-size photographs (2x2 inches in size) on a plain background, which are front-view and fade-proof. The photos must be original photos and cannot be computer-generated copies or paper copies. In addition, we will not accept 3x3 or larger Polaroid - type photos. Please be sure to mail

in your two photos and write on the back of the photos your full name and either your registration number or Social Security Number. Photos will be placed on the pocket registration.

5. You will also need to submit one (1) **clear photocopy of a government issued photo ID**, such as your valid driver's license, as proof of identity.

Recreation Therapy applicants must also submit the following in order to be considered for registration:

1. A copy of current National Council for Therapeutic Recreation Certification (NCTRC) card

COMPLETING THE REGISTRATION APPLICATION

SECTION 1. REQUESTED REGISTRATION TYPE/FEE

- a. The method for becoming registered in the District of Columbia is outlined below.

Endorsement (N) Current registration with the National Council for Therapeutic Recreation Certification (NCTRC).

- b. Check the abbreviation and corresponding registration description for the registration type for which you are applying on the "Requested Registration Type Code" line provided in section 1 of the application. The following registration types are available:

Registration Abbreviation	Registration Description
RT	Recreation Therapist

- c. No specialties are available for these registration types.
- d. Should you need to obtain additional copies of your registration to comply with laws and regulations pertaining to displaying your registration at each office where you conduct business, you may order up to five (5) duplicate registrations (a \$34 fee for each duplicate). Mark the "duplicate registrations" box and indicate the number of duplicates needed on the line provided. Indicate the total amount due for duplicates on the line to the right.

You may pay the application and registration fee by a single check or money order. It is recommended that you pay by check, so that you have ready proof of payment. Checks or money orders should be made payable to DC Treasurer, and submitted with your registration application packet. Do **NOT** send cash. Please print your name on your check, if it is not pre-printed. The application portion of the fee is **NOT** refundable. The registration fee portion of the payment is refundable in the event of final denial of a registration or a request from an applicant to close the application request. In the latter event, you will have to file all documents again, should you subsequently decide to apply for registration. It will take approximately six (6) weeks after denial or withdrawal for you to receive your refund. For your information, the application and registration fee portions of each application method are listed below:

Registration Type	Application Method	Application Fee	Registration Fee	Total Due
RT	Endorsement (N)	\$85	\$145	\$230

*The **Total Due** amount is the fee that must be paid for your DC registration to be processed. Your new registration fee includes one new registration print showing the new effective date and expiration date. A charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208).

DC Recreation Therapy registrations expire on February 28 of even numbered years. Your initial registration will be valid for the balance of the current renewal cycle. You will be mailed a renewal notice (to your address of record) approximately three (3) months before the expiration of your registration/certification. Upon completion of the renewal questionnaire and payment of the renewal fee, your registration will be renewed for a two-year period. You should know that you are required by regulation to report all changes of your business or residence address to HPLA on behalf of the Registration Program. HPLA will update the address change in your database record. Requests for address change should be made via a letter. Send the letter to HPLA at the address in the middle of page 1. Without an updated address, you may not receive your renewal notice.

SECTION 2. APPLICANT NAME/DEMOGRAPHIC INFORMATION

Enter your legal name exactly as it should appear on the registration. All applicants must be at least 18 years of age.

SECTION 3. SUPPORTING DOCUMENTS REQUIRED

The required supporting documents are listed in this section. Place an "X" in the "YES" box for each item you have included with your application package *or* requested to be sent under separate cover to the DC Recreation Therapy registration.

Place an "X" in the "NO" box for each item that does not apply for the registration type (or registration method) for which you are applying. Keep a photocopy of all supporting documents for your records.

SECTION 4. PREVIOUS NAMES

List any other names you have used in the past on the lines provided. If your name has changed at any point since you first attended a college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents include a marriage certificate, divorce decree, court order or spouse's death certificate.

SECTIONS 5A & B. HOME ADDRESS/BUSINESS ADDRESS

Include both your home and business addresses in the sections provided. Even if you have a PO Box, a street address should also be provided.

SECTION 5C. PREFERRED MAILING ADDRESS

Place an "X" in the appropriate box to indicate your preferred mailing address. This will be the address to which all future licensing documents will be mailed.

SECTION 6A. PROFESSIONAL SCHOOLS ATTENDED

List all schools that you have attended in reverse chronological order, beginning with the most recent at the top.

SECTION 6B. POSTGRADUATE EXPERIENCE

List all experience since graduation from college, university or professional school in reverse chronological order, beginning with the most recent at the top.

SECTION 6C. PROFESSIONAL REGISTRATIONS IN OTHER STATES / JURISDICTIONS

List all jurisdictions in which you have ever been registered.

SECTION 7. SCREENING QUESTIONS

If you answer "No" to question A or "Yes" to questions B through J, please provide a complete explanation on a separate sheet of paper. If more space is required to fully answer questions, attach additional sheets with typed responses. False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Code 22-2514.

SECTION 8. REGISTRANT AFFIDAVIT

By signing the application you are attesting under penalty of perjury that all information and attached documents are true to the best of your knowledge.

ADDITIONAL APPLICATION FORMS

If you need additional copies of this application package you may visit HPLA's website at www.hpla.doh.dc.gov or call HPLA's Customer Service at 877-540-5828. The forms that make up this package are:

Chapter 72, Municipal Recreation Therapy Regulations
Recreation Therapy, Instructions for Registration
Recreation Therapy, Application for Registration

SUMMARY OF APPLICATION REQUIREMENTS

The following chart shows the application submission requirements for all application methods. The law governing Recreation Therapy registration in the District of Columbia is *D. C. Law 6-99, the Health Occupations Revision Act of 1985*. The regulations governing Recreation Therapy registration are included in *DC Municipal Regulations Title 17, Chapter 72*. Any conflict between these instructions and the law and regulations is inadvertent. The law and the regulations take precedence in the event of any inadvertent conflict. Please contact the DC Department of Health - Health Professional Licensing Administration if you have any questions regarding the interpretation of these laws as they pertain to your particular situation.

SUMMARY OF RECREATION THERAPY REGISTRATION REQUIREMENTS

Registration Type	Application Method	Signed Application for Registration	Two 2" x 2" Photos	Copies of Legal Name Change Documents ¹	Copy of National Council for Therapeutic Recreation Certification (NCTRC) card	Check or Money Order ²
RT	Endorsement (N)	X	X	X	X	\$230

X = Required

O = Not required

¹ If your name has changed at any point since you first attended a college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents include a marriage certificate, divorce decree, court order or spouse's death certificate.

² Check or money order MUST be made payable to DC Treasurer.